



Hamilton Reformed Church

3554 M40, Hamilton, MI 49419 (269) 751-5145
hamiltonreformedchurch@gmail.com www.hamiltonreformedchurch.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize **Hamilton Reformed Church** (THE COMPANY) to initiate debit entries to my (our) checking/savings account at the financial institution (THE DEPOSITORY) listed below. This authority will remain in effect until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE DEPOSITORY a reasonable opportunity to act on it.

*** Please complete the following information. Please print. ***

| CUSTOMER INFORMATION | | |
|-----------------------------------|----------------|-----------------------|
| Account Holders Name(s) | | |
| ID Number | | |
| FINANCIAL INSTITUTION INFORMATION | | |
| Bank Name | | |
| Bank Transit Routing Number | | |
| Account Information | _____ | _____ or _____ |
| | Account Number | Checking Savings |

| | |
|-------------------|----------|
| Amount of Payment | \$ _____ |
| Weekly | |
| Monthly | |
| One Time Payment | |

Signature _____ Date _____

Please attach a voided check. Thank you!